

MANTUA TOWNSHIP M.U.A.  
APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position (s) Applied for \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  
 Employment Agency  Other \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Valid New Jersey Drivers' License Number: \_\_\_\_\_

You must be 18 years or older. Are you over 18 years old?  Yes  No

Have you filed an application here before?   If yes, give date: \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date: \_\_\_\_\_

Are you employed now?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfull becoming employed in this country because of Visa or Immigration Status?  Yes  No

(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you on a lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  No  Yes

(Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain: \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER

MANTUA TOWNSHIP M.U.A.

Veteran of the U.S. Military Service?  Yes  No If yes, Branch \_\_\_\_\_

Indicate languages you speak, read, and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held:

**(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):**

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Give name, address and telephone number of three references who are not related to you and are not previous employers:

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**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps**

Government contractors are subject to 38 USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual  Disabled Veteran  Vietnam Era Veteran

Signed: \_\_\_\_\_



**Special Skills and Qualifications:**

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**EDUCATION:**

School Name	Elementary					High				College/ University				Graduate/ Professional			
Years Completed/Degree	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities																	

Honors Received: State any additional information you feel may be helpful to us in considering your application.

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**MANTUA TOWNSHIP M.U.A.**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

<b>1</b>	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)			
		Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
<b>2</b>	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)			
		Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
<b>3</b>	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)			
		Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
<b>4</b>	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)			
		Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			

MANTUA TOWNSHIP M.U.A.  
APPLICANT DATA RECORD

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Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This date is for periodic government reporting and will be kept in a Conf Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

(PLEASE PRINT)

Date: \_\_\_\_\_ Position (s) Applied for: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  
 Employment Agency  Other \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

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Voluntary Survey

Government agencies at time require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative actions only.

SUBMISSION OF INFORMATION IS VOLUNTARY.

Check One:

Male  Female

Check One of the following:

Race/Ethnic Group:

White  Black  Hispanic

American Indian/Alaskan Native  Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran  Disabled Veteran

Handicapped Individual

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MANTUA TOWNSHIP M.U.A.  
APPLICANT'S STATEMENT

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

MANTUA TOWNSHIP M.U.A.

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview:       Yes       No      Time: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

We will employ?       Yes       No

Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_